

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90012 050 \*\*\*150.00



**DOCUMENT # F99000001258**  
 1. Entity Name  
**NEXTEL PARTNERS OPERATING CORP.**

Principal Place of Business  
**4500 CARILLON POINT  
 KIRKLAND, WA 98033**

Mailing Address  
**4500 CARILLON POINT  
 KIRKLAND, WA 98033**

2. Principal Place of Business - No P.O. Box #  
**6500 Sprint Pkwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6500 Sprint Pkwy**  
 Suite, Apt. #, etc.  
**HL-5A STX**

City & State  
**Overland Park, KS**

City & State  
**Overland Park, KS**

Zip Country  
**66251 USA**

Zip Country  
**66251 USA**

**40042401**



03192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**91-1930916**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCCD CHAPPLE, JOHN 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, TIMOTHY 2001 EDMUND HALLEY DR RESTON, VA 20191	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTO AAS, DAVID 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC MANNING, DON 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, JIM 3 FIRST NATIONAL PLAZA, SUITE 3800 CHICAGO, IL 60602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANGELINO, MARK 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BESHEARS, MARK 6500 Sprint Pkwy Overland Park, KS 66251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC / DIR HILL, Christie A. 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS Lindahl, Richard 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Kennedy, Leonard 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Wunsch, Charles 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Beshears 3/30/07 913-315-5820  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #